MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	I					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10.	I					
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TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

		IND	DEP	IND	DEP	IND	DEP
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							